

TOWN OF NEEDHAM

DRUG FREE WORKPLACE POLICY #402

I. PURPOSE AND SCOPE

The purpose of this policy is to outline the Town's obligations under the Federal Drug Free Workplace Act of 1988 which requires that an employee notify his/her employer upon conviction of a drug related crime at the workplace.

II. APPLICABILITY

All employees in Town service, excluding positions under the supervision and control of the School Committee and the Trustees of Glover Memorial Hospital, shall be subject to the provisions of this policy. Employees subject to the Massachusetts Civil Service Laws and/or Collective Bargaining Agreements are subject only to those provisions in this policy which are not specifically regulated by law or Agreement.

III. DEFINITIONS

Refer to the Glossary contained in the Personnel Policy Manual for commonly used words and phrases.

Workplace – The location to which an employee reports to perform his/her duties in Town service.

Controlled Substance – Those substances listed in the federal Controlled Substances Act (21 U.S.C. (s) 812), including, but not limited to: marijuana, cocaine (including "crack" and other cocaine derivatives), morphine, heroin, amphetamines, and barbiturates. For the purposes of this policy, "drugs" shall refer to controlled substances, and not alcohol or those substances issued in accordance with a valid prescription.

Conviction – The state of having been found guilty in a Court of Law.

IV. POLICY

It is the policy of the Town of Needham to provide employees with a working environment that is free of the problems associated with the use and abuse of controlled substances. The use of controlled substances is inconsistent with the behavior expected of employees and subjects the Town to unacceptable risk of workplace accidents or other failures that would undermine the Town's ability to operate effectively and efficiently.

V. PROCEDURES

- A. The non-prescriptive use, sale, possession, distribution, dispensation, manufacture, or transfer of controlled substances on Town property, or at any other worksite where employees may be assigned, or elsewhere during work hours, is strictly prohibited.

- B. Further prohibited is the use, sale, possession, distribution, dispensation, manufacture, or transfer of controlled substances on non-working time to the extent that such use impairs an employee's ability to perform his/her job or where such use, sale, possession, distribution, manufacture or transfer affects the reputation of the Town to the general public or otherwise threatens its integrity.
- C. Employees who are convicted of controlled substance-related violations in the workplace under state or federal law, or who plead guilty or nolo contendere to such charges, must inform their department head or appointing authority within 5 days of such conviction or plea. Department heads or appointing authorities shall notify the Personnel Director immediately.
- D. Employees who are convicted, or who plead guilty or nolo contendere to such drug-related violations may be required to successfully complete a drug abuse or similar program as a condition of continued employment or re-employment.
- E. All employees must sign a statement (Attachment A) indicating that they have been informed of the rules and requirements of the Drug Free Workplace Act.

VI. EMPLOYEE ASSISTANCE

The Town recognizes drug dependency as an illness and a major public health problem. The Town's objective is to prevent conviction for drug related offenses prior to their occurrence. Employees who wish to obtain help in dealing with such problems are encouraged to contact the Personnel Director, Public health Nurse, or their health insurance provider for assistance. Conscientious efforts to seek such help will not jeopardize an employee's job, and will not be noted in any personnel record.

VII. SANCTIONS

Violations of any and all provisions of this policy may result in disciplinary action.

EFFECTIVE DATE: SEPTEMBER 21, 1993

ATTACHMENT A

Date _____

Assistant Town Administrator/Personnel Director
Town Hall
1471 Highland Avenue
Needham, MA 02492

Dear Assistant Town Administrator/Personnel Director,

I certify that I have been given the opportunity to review the Drug Free Workplace Policy, and that I have been granted the opportunity to ask my supervisor questions about this policy.

Employee's Name

Department Head's Name

Employee's Signature

Department Head's Signature

Date

Date

Date